



Victorian Plumbers Liability Application

Policy Number		Intermediary		Intermediary No.	
---------------	--	--------------	--	------------------	--

Applicant(s)					
Insured Name(s) in Full					
Period of Insurance	From	/	/	To	/ / at 4pm.
Tax Status	Registered Business	Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN		Taxable %
Postal Address				State	Postcode
Contact Numbers	Tel No.	()	Fax No.	()	
Limit of Liability required	\$				

General Information		
Name of person(s) authorised to issue Compliance Certificates		
Name	Years Licensed	Licence No.
Plumbing Work		
Please advise estimated turnover for the next twelve (12) months including Subcontractors (Turnover = Labour + Materials):		
Type of work	Insured	Sub-Contractors
Domestic turnover	\$	\$
No. Persons working on tools		
Non Domestic turnover	\$	\$
No. Persons working on tools		
Type "B" Gas fitting turnover	\$	\$
No. of Persons working on tools		
If sub-contractors are employed by you do you require them to carry their own liability insurance? If yes please provide details		
Please advise the types of premises which you will be working on:		
Residential %	Commercial %	Industrial %
Please provide details of Commercial or Industrial work.		
Please provide full details of type "B" Gas fitting work.		

General Information (continued)					
Non Plumbing Works					
Do you wish this Policy to include cover for Non Plumbing activities?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Turnover \$	No. of Persons working on tools	Labour \$	Material \$		
Please provide full description of Non Plumbing activities including the precise nature of any work undertaken or performed:					
<i>Note : Supplementary questionnaire may be required for non plumbing work.</i>					
Are you or will you be involved in work on or at any:					
Mine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ships or aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Power generation plant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Chemical works	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Water treatment facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Oil or gas production	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dams	Yes <input type="checkbox"/> No <input type="checkbox"/>	Boilers / compressors	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sprinkler installation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cooling Towers	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'Yes', please provide details including nature of any work undertaken or performed.					
Have any principals, directors or employees been subject to discipline by the Plumbing industry board or its Predecessors? If yes please provide details.					
Has any incident occur which may give rise to a claim under this insurance? If yes please provide details.					
Any additional comments					
There may be insufficient space to complete your answers on this form if you are not completing it electronically. If this occurs please provide detailed information on a separate sheet.					
Duty of Disclosure – What you must tell us					
Under the Insurance Contracts Act 1984 (the Act); you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you and anyone else to be insured under the Policy and if so, on what terms.					
<ul style="list-style-type: none"> • You do not have to tell us about any matter <ul style="list-style-type: none"> – that diminishes the risk – that is of common knowledge – that we know or should know in the ordinary course of our business as an insurer, or – which we indicate we do not want to know. • If you do not tell us If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked. 					
Privacy					
QBE includes information about how we manage your personal information in our Product Disclosure Statement and Policy booklets. You can obtain a copy of the QBE Privacy Policy Statement from our website www.qbe.com or contact the compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.					
Declaration and Signature					
1. I have read and understood the Important Information set out in this Declaration. 2. All answers and statements made in this Declaration are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance. 3. I acknowledge you reserve the right to decline any application.					
To be signed by all Principals, Partners and Directors.					
<div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> X X </div>			Date <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center; vertical-align: middle;">/ /</div>		